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SERIAL NUMBER 09/770,169	FILING OR 371(c) DATE 01/26/2001 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. UC053.001A
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## APPLICANTS

Andrew Saxon, Santa Monica, CA;  
 Ke Zhang, Los Angeles, CA;

*None M/*

## \*\* CONTINUING DATA \*\*\*\*\*

*None M/*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature <i>✓</i>	Initials	STATE OR COUNTRY CA	SHEETS DRAWING 15
			TOTAL CLAIMS 48	INDEPENDENT CLAIMS 4

## ADDRESS

25213

## TITLE

Immunoglobulin class switch recombination

FILING FEE RECEIVED 1294	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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